

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICANT(S)

FILING DATE

10/56025

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3	1		1	1		
4						
5						
6						
7						
8						
9						
10						
11						
12						
13	1		1	1		
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49						
50						
TOTAL IND.			3			
TOTAL DEP.		←	16	←	←	
TOTAL CLAIMS			19			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.				↓		
TOTAL DEP.	←	16	←	←	←	
TOTAL CLAIMS			19			